

1

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09754204

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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57						
58						
59						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

2

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09754204		FILING DATE					
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101							51						
102							52						
103							53						
104							54						
105							55						
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141							91						
142							92						
143							93						
144							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2				TOTAL IND.						
TOTAL DEP.			16				TOTAL DEP.						
TOTAL CLAIMS			18				TOTAL CLAIMS						